Ferm 990

Department of the Treasury

Internal Revenue Service

(HTA)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A _	For the	2008 cal	endar ye	ar, or tax y	year beginn	ning				,	and er	nding	_		<u> </u>		
В	Check if app		Please		of organization		sociat	on of Com	nmunity	Employ			D Emple	oyer id	lentification nur	nber	
	Address ch	nange	use IRS label or	Doing B	Business As						-		13-3846	431			
	Name char	nge	print or	Number	r and street (o	r P O box if	f mail is	not delivered	to street	address)	Ro	om/suite	E Telepi		umber		
ñ	Initial returi	n	type See		na Street					•	1	1	212-274				
Ħ	Terminatio	n	Specific		lown, state or	country, and	ZIP +	4			1010	4.1 -	212-217	-000	<u> </u>		
=	Amended r		Instruc- tions	New York		,, , ,,			NY	10	012		G Gross	receip	ots \$	21	388,920
=	Application				ddress of pr	ringinal offi	ioor				.U.I.Z						
					-	•										=	=
					Spring Stre		loor,	1	_	_		1	b) Are all affiliates included?				
Ι.	Fax-exem	pt status	X 50)1(c) (3) ◄ (in:	sert no)	L_	4947(a)(1)	or	527		}	If "No," atta	ach a li	st (see instruction	ons)	
J١	Nebsite:	► N/A								·		H(c) Gro	oup exempt	tion nu	mber_►		
ĸ:	Type of orga	anization	☐ c₀	rporation	Trust	Associa	ition	Other D	•		L Year	r of forma	tion		M State of leg	al domicile	3
	Part I		nmary	<u> </u>	<u> </u>			<u></u>							1		
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les					oting mem		ie gov	erning boo	dy (Part	VI, line	1b)			·	4		
Activities & Governance					es (Part)									-	5		
Ą					s (estimate							•	•	_	6		
	7a]	Total gro	oss unre	lated busi	ined screve	nuetram	Part \	/III, line 12	2, colum	n (C)				} <u>-</u>	7a		(
	<u>d</u>	Vet unre	lated bu	ISHTERS TA	sable inco	me You	Form	990-T, line	34	•	<u> </u>				7b		
				1000	_ ^κ J ₀₀	100	\						Prior Yea			urrent Yea	
Ð	8 (Contribu	itions an	id grants (Partivili, I	ine 1H)	./	•						319,		2	257,606
Revenue	9 F	orogram.	service	Leveling,	(Part VIII	fine 2g)				•					0		
	10	nvestme	ent incope	Part \	/III colupt	n (A) Affice	s 3, 4	, and 7d)							516		17,346
-	11 (Other re	venue (F	Tatt VIII	harough 1	rffines 5,	6d, 8d	c, 9c, 10c,	and 116	∍)				,206,			07,102
	12	Total rev	renue-a	dd lines 8	through 1	1 (must e	equal	Part VIII, c	olumn (A), lıne	12)		1	,532,			382,054
					ts paid (Pa				– 3)					559,		7	703,873
											0		12,708				
S									lumn (A), lines	5–10)		•	146,	197	3	347,152
Expenses				_	ees (Part I)			•	٠		.				0		
ž			_		s (Part IX,	•				22	26,020						
ш					column (A)									459,			530,159
					13–17 (m				ı (A), line	e 25) .	.]		1	<u>,165,</u>			93,892
	19 F	Revenue	e less ex	penses S	Subtract lin	ne 18 fron	n line	12	<u>:</u>	·				367,	644	7	⁷ 88,162
Net Assets or		_										Be	ginning of			nd of Yea	
sset	20 7			rt X, line 1	•	•			٠		.			<u>456,</u>		<u>1,2</u>	223,181
A E	21			Part X, line	•	•	•	•	•						931		23,436
ž	22 1				es Subtra	ct line 21	from	line 20		•				411,	583	<u>1,1</u>	99,745
Pá	irt II		nature														
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Here TAMES MAZIN Executive Viscotor																	
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	e Only		name (or		George J	Silvermar	n, CP	4					EIN	•			
J31	Ciny		employed) ss, and Zlf), P+4	167 Route				NY 109	54			Phone no	▶ 8	345-624-2763	}	
Me	v the IDS				the prepare							t					
										io)	<u> </u>		<u> </u>	•	·		<u></u> No
For (HTA		Act and	Paperwo	rk Reducti	ion Act Not	uce, see th	ne sep	arate instr	uctions.				6	16	•	Form 99	JU (2008)

	Association of Community Employment Programs (ACE Programs) For The Homeless, Inc 13-3846431	Page 2
R	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission:	
	Take people out of the Homeless shelter and train them to function normally in society	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? Yes	X No
4	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	ina
	anocations to others, the total expenses, and revenue, if any, for each program service reported.	
40	(Code) (Expenses \$ 747,027 including grants of \$ 0) (Revenue \$	
44		<u>u</u>)
	Dedicated to providing grants and technological expertise to other non profit	
	organizations specifically for the implementation of employment training programs for the purpose of recovering homeless individuals in New York City	
	•	
4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)
	•	
	•••••••••••••••••••••••••••••••••••••••	
40	(Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0.)
70	(Code / (Expenses #) including grants or #) (interende #	<u> </u>
	•••••••••••••••••••••••••••••••••••••••	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
10	Total program consider expenses > \$ 747.027 (Must equal Part IV Line 25 column (PL)	

Par	t IV' Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	-		
^	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	-	\vdash	 - -
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	├─	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	$ldsymbol{ld}}}}}}$	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	—	Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		х
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	₩	Х
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	<u> </u>	X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	441		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	├─	X.
13	or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15	\vdash	 ^
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	İ	×
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	\vdash	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	\dagger	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K If "No," go to question 25	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			١.,
a .	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
D	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	251		
26	person from a prior year? If "Yes," complete Schedule L, Part I	25b	 	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

. Part IV

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> .	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		X

Form **990** (2008)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
•	U.S. Information Returns Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return .			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
•	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			
L		3a		Х
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> N/A At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	44		^
~	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
	and Financial Accounts			ı
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		1
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ı
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
L	\$75?	7a		_X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . N/A	7g	İ	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		Ī	
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		1	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a		İ	
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Χ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Page 6

Association of Community Employment Programs (ACE Programs) For The Homeless, Inc. 13-3846431

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code)

seci	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the	·		
	circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body	1 1		
b	Enter the number of voting members that are independent	1		;
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	i l		
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization make any significant changes to its organizational documents since the prior form 990 was filed Did the organization become aware during the year of a material diversion of the organization's assets?	5	X	
		6		X
6	Does the organization have members or stockholders?	-		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_ _		v
	of the governing body?	7a		<u> X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	_8a_	_X_	
b	Each committee with authority to act on behalf of the governing body?	8b	_X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		_X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization? N/A	9b		
0	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Χ	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sect	tion B. Policies			
			Yes	No
l2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	 		ì
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
a b	Other officers or key employees of the organization?	15b	$\frac{1}{x}$	
J	Describe the process in Schedule O (see instructions)	135	^_	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	[
va		150		X
L .	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		^
b	it "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	4Ch		<u>-</u>
<u> </u>		16b	لـــــا	
	tion C. Disalogura			
17	Lest the states with which a copy of this Form 000 is required to be filed.			
10	List the states with which a copy of this Form 990 is required to be filed ► NY			
18	List the states with which a copy of this Form 990 is required to be filed ► NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
18	List the states with which a copy of this Form 990 is required to be filed ► NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply	only)		
	List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply X Own website X Upon request			
18 19	List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply X Own website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-			
19	List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply X Own website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public	est		
	List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply X. Own website Another's website X. Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of	est he		
19	List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply X Own website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public	est he		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compe	ensate any offic	er, dır	ect	or,	trus	stee, c	or k	ey employee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Henry Buhl Founder, Board Chairman	40	х						923	0	
Gary Ling Finance Manager	40				x			58,969	0	(
Jennifer Joyce Director of Development	40				x			47,910	0	
	0.							0	0	C
	0							0	0	C
	0							0	0	
	0.							0	0	
	0							0	0	C
	0			i				0	0	C
	0							0	0	C
	0							0	0	
	0							0	0	0
	0							0	0	0
	0						i	0	0	
	0							0	0	0
	0							0	0	
	0							0	0	

. Pa	t Vil Section A. Officers, Directors, Tru	ustees, Key Er	nploy	ees.	and	Hig	hes	t Coı	mpensated Em	ployees (contin	ued)		
	(A)	(B)	(C) Position (check all t						(D)	(E)	(F)		
•	Name and title	Average hours per week	or director		Officer	Key employee	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		0							0	0	0		
		0							0	0	0		
		0							0	0	0		
		0).						0	0	0		
		0							0	0	0		
		0					<u> </u>		0	0	0		
		0				ļ		ļ	0	. 0	0		
		0					ļ		0	0	0		
		0	<u> </u>						0	0	0		
		0				<u> </u>	ļ		0	0	0		
		0	_						0	0	0		
		0	_			<u>_</u> _	ļ	_	0	0	0		
4h	Yatal	0					ļ	<u> </u>	0	0	0		
1b 2	Total Total number of individuals (including those organization ▶ 0	in 1a) who rec	eived	mor	e tha	an \$1	100,0		107,802 n reportable con		the		
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sc.					yee,	, or h	-	st compensated		Yes No		
4	For any individual listed on line 1a, is the su the organization and related organizations of individual									uch	1 X		
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y										5 X		
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	nnensated inde	nano	lont (acto	re th	at re	cowed more tha	n \$100 000 of			
	compensation from the organization							T		T	(0)		
	(A) Name and business a	address							(B) Description of sen	vices ((C) Compensation		
								-			0 0		
								<u> </u>			0		
											0		
											0		
2	Total number of independent contractors (in compensation from the organization	_	ın 1) v 0	vho i	ecei	ved	more	thai	n \$100,000 in				
			-							<u>-</u> -	Form 990 (2008)		

Pari	VIII	Statement of Revenue					
<u>'</u> .				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns . 1a	0		10101100		0.2,010,0.077
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b	0				
S, g	С	Fundraising events 1c	0				
yifts ar a	d	Related organizations 1d	0				1
S, S	е	Government grants (contributions) 1e	0				
ion I si	f	All other contributions, gifts, grants, and					(
par the		similar amounts not included above 1f	257,606				
ntri d o	q	Noncash contributions included in lines 1a-1f \$	0				
Co	, -	Total. Add lines 1a–1f	•	257,606		ı.	
			Business Code				
Program Service Revenue	2a			0			
Rev	b			0			
ice	С			0		=-	
Şe.	d			0			
Ē	е			0		 	
ž bc	f	All other program service revenue		0	*		
F.	g	Total. Add lines 2a–2f	. •	0	·		
	3	Investment income (including dividends, interest, ar	nd				
		other similar amounts)	▶	17,346	17,346		
	4	Income from investment of tax-exempt bond procee	ds ▶	0			
	5	Royalties		0		_	
		(ı) Real	(II) Personal				
	6a	Gross Rents .					
	b	Less rental expenses .					
	С	Rental income or (loss)	0				
	d	Net rental income or (loss)	•	0			
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory	0				
	Ь	Less cost or other basis					ļ i
		and sales expenses	ol ol				,
	c	Gain or (loss)	o				
	d	Net gain or (loss)	•	0			
	8a	Gross income from fundraising					
ne :		events (not including \$					
Ver		of contributions reported on line 1c)					
æ		See Part IV, line 18 a	1,446,897				!
er	b	Less direct expenses b					
Other Revenue	С	Net income or (loss) from fundraising events .		940,031			940,031
•	9a	Gross income from gaming activities					
		See Part IV, line 19 a	0				
	b	Less direct expenses b	0				
i	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances a	91,638				
	b	Less cost of goods sold b	0				
	С	Net income or (loss) from sales of inventory	. >	91,638			91,638
		Miscellaneous Revenue	Business Code				
	11a	Administrative Income	323100	433	433		
	b			o			
	С			0			
	d	All other revenue .		1,075,000	1,075,000		
	е	Total. Add lines 11a–11d		1,075,433			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8d	i,				
		9c, 10c, and 11e	. ▶	2,382,054	1,092,779	0	1,031,669

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column			columns (B), (C), an	d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22	703,873	703,873		
3	Grants and other assistance to governments,			**	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 .	ol			į
4	Benefits paid to or for members	12,708	12,708		
5	Compensation of current officers, directors,				· · · · · · · · · · · · · · · · · · ·
	trustees, and key employees .	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	341,834	· · · · · · · · · · · · · · · · · · ·	177,018	· 164,816
8	Pension plan contributions (include section 401(k)			,010	101,010
	and section 403(b) employer contributions)	5,318		2,659	2,659
9	Other employee benefits	0,010		2,000	2,009
10	Payroll taxes	0			· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)			-	
	Management	o			
b	Legal .	3,697		3,697	
c	Accounting .	6,500		6,500	
d	Lobbying	0,300		0,500	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	61,808		61,808	
12	Advertising and promotion	01,000		01,000	
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	126,256		120.250	
17		6,282		126,256	
18	Payments of travel or entertainment expenses	0,202		6,282	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0]			
20	Interact				
21	-	0			
21	Payments to affiliates		0	0 703	0
23	Depreciation, depletion, and amortization	8,703	<u> </u>	8,703	0
23 24	Other expenses Itemize expenses not	19,930		19,930	
24	·				
	covered above (Expenses grouped together and labeled miscellaneous may not exceed				ļ
	5% of total expenses shown on line 25 below)				Ì
_		E0 E4E			F0 F4F
d h	Promotional & Advertising	58,545	04.000	445.005	58,545
D	Office Expenses	169,747	24,662	145,085	
ن ب	Supplies Utilities & tele	5,784 21,431	5,784	24 404	
u	Other Evpenses	21,431		21,431	
f	All other expenses			44.470	
25	Total functional expenses. Add lines 1 through 24f	41,476	747.007	41,476	
		1,593,892	747,027	620,845	226,020
26	Joint Costs. Check here I if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	SUBCREATION				Form 990 (2008)
					Earm WON (2000)

Page **11**

1 2	art X	Balance Sheet								
			-		(A) Beginning of year				3) f year	
•	1	Cash-non-interest-bearing			415,833	1			2	3,691
	2	Savings and temporary cash investments		[2				4,858
	3	Pledges and grants receivable, net			0	3				0
	4	Accounts receivable, net		. [475	4	_		2	0,801
	5	Receivables from current and former officers	, direct	ors, trustees, key						
		employees, or other related parties. Complet	e Part l	Il of Schedule L .	0	5				0
	6	Receivables from other disqualified persons	(as def	ined under section						
		4958(f)(1)) and persons described in section	4958(c)(3)(B) Complete						
		Part II of Schedule L			0	6				0
şţ	7	Notes and loans receivable, net .			0	7				0
Assets	8	Inventories for sale or use				8				
⋖	9	Prepaid expenses and deferred charges		, · · <u> </u>	3,491	9				4,195
	10a	Land, buildings, and equipment cost basis	10a	44,325		i				
	b	Less accumulated depreciation Complete								
		Part VI of Schedule D	10b	43,833	9,195	10c				<u>2,116</u>
	11	Investments-publicly traded securities			0					0
	12	Investments-other securities See Part IV, Iir			0					0
	13	Investments-program-related. See Part IV, II	ne 11 .		0					0
	14	Intangible assets				14				
	15			·	27,520					7,520
	16	Total assets. Add lines 1 through 15 (must e	qual lu	ne 34)	456,514					3,181
	17	Accounts payable and accrued expenses			19,316				2	<u> 23,436</u>
	18	Grants payable	· · -		18					
	19	Deferred revenue .	•	· · ·		19				
Liabilities	20	Tax-exempt bond liabilities	 Cabad	· · · -	0					0
	21 22	Escrow account liability Complete Part IV of Payables to current and former officers, direct				21				
	22	employees, highest compensated employees		•						
		persons Complete Part II of Schedule L	_	0	22		-		0	
	23	Secured mortgages and notes payable to uni	related	third parties .	0	23				0
	24	Unsecured notes and loans payable .			0	24				0
	25	Other liabilities Complete Part X of Schedule	D D		25,615	25				0
	26	Total liabilities. Add lines 17 through 25	<u>. </u>		44,931	26			2	3,436
es		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33								
anc	27	Unrestricted net assets		-	411,583	27			1,19	9,745
Bal	28	Temporarily restricted net assets .		. [28			/	•
פ	29	Permanently restricted net assets		[29				
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117 and complete lines 30 through 34.	7, chec	k here▶ ☐						
ţţ	30	Capital stock or trust principal, or current fund	ds			30		.		
SSE	31	Paid-in or capital surplus, or land, building, or		ment fund		31				
t A	32	Retained earnings, endowment, accumulated				32				
Ž	33	Total net assets or fund balances			411,583		-		1,19	9,745
	34	Total liabilities and net assets/fund balances			456,514					3,181
Pa	rt XI	Financial Statements and Reporting	3							
_	_			ام، التا،					Yes	No
1		counting method used to prepare the Form 99		Cash X Accrua						_ _
2		ere the organization's financial statements con	-	-				2a		X
		ere the organization's financial statements aud	-	•		 .abt -f	tha	2b	Х	
,		Yes" to lines 2a or 2b, does the organization hat, review, or compilation of its financial stater			,	ignt of		2c	x	
2		aresult of a federal award, was the organizat						20		
J		e Single Audit Act and OMB Circular A-133?	.011164					3a		х
		'Yes," did the organization undergo the require	d audi	·			\	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection Employer Identification number

				t Programs (ACE Pro					13-3846				
Pa	_			harity Status (All or					rt.) (see	instruction	ons)		
1 ne	orgar		•	ation because it is (P rches, or association of		•	_	•	/b\/4\/ <i>6</i> \/	i)			
2	Ħ			on 170(b)(1)(A)(ii). (A			ocu III sec	,		.1).			
3	\dashv			nospital service organi		•	saction	470/b\/4\	\/A\/;;;\ //	Attach Sc	hodulo !	∟ \	
4	H			ation operated in conju									
		hospital's na	ame, city, and st	ate.									
5				r the benefit of a colle (Complete Part II)	ge or univ	ersity ow	ned or op	erated by	a govern	ımental u	nit desci	ribed	
6		A federal, st	ate, or local gov	ernment or governme	ntal unit d	lescribed	ın sectio	n 170(b)(1)(A)(v).				
7				ly receives a substanti (1)(A)(vi). (Complete		its suppo	rt from a	governme	ental unit o	or from th	ne gener	al publ	lic
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	omplete l	Part II)						
9	X			ly receives (1) more tl			·	om contri	butions, n	nembersi	hip fees,	and g	ross
		support from	n gross investme	ed to its exempt function ent income and unrelated after June 30, 1975.	ted busine	ess taxab	le income	less se	ction 511				5
10				ind operated exclusive		•		•	•	(4) (see i	nstructio	nne)	
11	Ħ						=					•	
•		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section											
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
	_	a Type	el b	Type II c	Туре	III–Fund	ctionally in	ntegrated		d [Type III-	-Other	
е				y that the organization									
				on managers and othe	er than one	e or more	publicly	supported	d organiza	ations des	scribed i	n secti	on
f			section 509(a)(2	•	- f 41	IDC 45-4	it in a Tru		U an Trus				
1			, check this box	a written determination	n irom the	riko mat	itisaiy	ре і, туре	ıı, or ıyp	e III supp	ooning		
g		~		the organization acce	pted any	gift or con	tribution	from any	of the				ш
		following pe	rsons?	-		-		•					
				or indirectly controls,				persons	described	in (II)		Yes	No
				verning body of the su person described in (i		rganizatio	on?				11g(i)		
			•	y of a person describe	•	(II) above					11g(ii) 11g(iii)		
h				ation about the organi	• • •			ports	• •	•	(** <u>9(***)</u>	1	
(i)	Name	of supported	(ii) EIN	(III) Type of organization (described on lines 1–9				ou notify		Is the	, ,	Amount	of
		anization		above or IRC section	in col (i) lis governing o	document?		nization in of your		tion in col	ļ	support	
				(see instructions))				oort?	 	\$? 	4		
					Yes	No	Yes	No	Yes	No	 		
											1		0
							= :		 		ļ		0
													0
										-		 	0
											<u> </u>		0
Tota	l												0

Sched	ule A (Form 990 or 990-EZ) 2008 Association of 0	Community Emp	oloyment Prog	ırams (ACE Pro	ograms) For T	he Homeless, I	1 Page 2
Pai	t II Support Schedule for Organi				1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked	<u>the box on line</u>	5, 7, or 8 of	Part I.)			
	tion A. Public Support	· · · · · · ·					
Cale	endar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ") .	0	0	0			0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		_				_
_	its behalf	0	0	0			0
3	The value of services or facilities						
	furnished by a governmental unit to the					-	_
	organization without charge	0	0	0			0
4	Total Add lines 1-3	0	0	0	0	0	0
5	The portion of total contributions by each	i					
	person (other than a governmental unit or publicly supported organization)]				
	included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
Sec	tion B. Total Support					•	
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	o	0	0	0	0	0
8	Gross income from interest, dividends,					-	
	payments received on securities loans,						
	rents, royalties and income from similar						
_	sources .	0	0	0			0
9	Net income from unrelated business						
	activities, whether or not the business is		-				0
10	regularly carried on Other income Do not include gain or		-				0
	loss from the sale of capital assets		i				
	(Explain in Part IV.)	l ol	ol	ol			0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s	ee instructions)			12	
13	First five years. If the Form 990 is for the o		-	rd, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here	•			-		``
Sect	tion C. Computation of Public Support	Percentage					
14	Public support percentage for 2008 (line 6, o		ed by line 11, o	column (f))		14	0 00%
15	Public support percentage from 2007 Scheo					15	0.00%
16a	33 1/3% support test-2008. If the organiza			line 13, and lin	e 14 is 33 1/3%	6 or more, chec	
	and stop here. The organization qualifies as						▶ 🗀
b	33 1/3% support test-2007. If the organiza		•				check this
	box and stop here. The organization qualified						. ▶ □
17a	10%-facts-and-circumstances-test-2008.			<i>*</i>	ie 13, 16a, or 1	l6b, and line 14	ıs 10%
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum						
b	10%-facts-and-circumstances test-2007.	If the organizati	on did not che	eck a box on lin	e 13, 16a, 16b	o, or 17a, and hir	ne 15 is 10%

or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

<u> </u>	(Complete only if you checked tr	ne box on line	<u>9 of Part I)</u>				
	tion A. Public Support endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(4) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	(a) 2004	(b) 2005	(0) 2000	(d) 2007	(e) 2006	(f) Total
,	membership fees received (Do not	į					
	include any "unusual grants.")	228,928	348,718	353,578	319,815	257,606	1,508,645
_	, , ,	220,320	340,710	333,376	319,010	237,000	1,500,040
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished				i		
	in any activity that is related to the	222 477	444.075	222 722			
_	organization's tax-exempt purpose	220,177	111,875	280,709	1,176,716	2,015,464	3,804,941
3	Gross receipts from activities that are not an unrelated trade or business under section 513			1			
4	Tax revenues levied for the organization's						0
**	benefit and either paid to or expended on			İ		Ì	
	its behalf	اه	اه	o			0
5	The value of services or facilities			<u>_</u>			
•	furnished by a governmental unit to the						
	organization without charge	ol	اه	اه		i	0
6	Total. Add lines 1-5	449,105	460,593	634,287	1,496,531	2,273,070	5,313,586
-	Amounts included on lines 1, 2, and 3	110,100	100,000	001,201	1,100,001	2,270,070	
	received from disqualified persons .						0
b	Amounts included on lines 2 and 3					i	
	received from other than disqualified						
	persons that exceed the greater of 1%				1		
	of the total of lines 9, 10c, 11, and 12 for	1					
	the year or \$5,000						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6) .	i					5,313,586
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨 📙	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	449,105	460,593	634,287	1,496,531	2,273,070	5,313,586
10a	Gross income from interest, dividends,			ł		İ	
	payments received on securities loans,			i	i	i	
	rents, royalties and income from similar						
L	sources	1,852	1,187	572	6,516	17,346	27,473
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						•
С	Add lines 10a and 10b	1,852	1,187	572	6,516	17,346	27.472
11	Net income from unrelated business	1,002	1,107	5/2	0,316	17,340	27,473
• •	activities not included in line 10b,						
	whether or not the business is regularly					ľ	
	carried on						0
12	Other income Do not include gain or			**			
	loss from the sale of capital assets						
	(Explain in Part IV)	253,100	33,628	30,773	29,931	91,638	439,070
13	Total support. (Add lines 9, 10c, 11,		,		==,===		,
	and 12.)						5,780,129
14	First five years. If the Form 990 is for the org	anızatıon's first	, second, third	, fourth, or fifth	tax year as a	section 501(c)(3)
	organization, check this box and stop here.				•		▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2008 (line 8, co		by line 13, co	lumn (f))		15	91.93%
16	Public support percentage from 2007 Schedul			* * * * * * * * * * * * * * * * * * * *		16	0.00%
	tion D. Computation of Investment Inco			·	·		
17	Investment income percentage for 2008 (line			13, column (f)))	17	0.48%
18	Investment income percentage from 2007 Sch				<i>.</i>	18	0 00%
19a					e 15 is more th		
	not more than 33 1/3%, check this box and st						▶ X
b	33 1/3% support tests-2007. If the organization did						
	line 18 is not more than 33 1/3%, check this box an						▶ [
20	Private foundation. If the organization did no					-	. ▶ 🗍

	1 990 or 990-EZ) 2008	Association	of Community E	Employment Pr	ograms (ACE Pro	ograms) For Th	ne Homele31	Page 4
Part ^u V	Supplemental	Information.	Complete thi	s part to prov	ide the explanat	ion required b	y Part II, line 10;	
	Part II, line 17a	or 17b, or Pa	art III. line 12	Provide anv c	ther additional i	nformation (s	ee instructions)	
						(9	<u> </u>	
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Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

•	Cash	Non Cash
Federated Campaigns	1	
Membership dues	2	
Fundraising events	3	
Related organizations	4	
Government grants (contributions)	5	
All other contributions, gifts, grants, and similar amounts not included above		
	104 106	
	104,100	
	184,106 73,500	
Other contributions total		

	Part	VIII, Line 10 (990) - Gross Sales of Inventory	91,638		0	91,638
•	•			Cost of		
		Category	Gross Sales	Goods Sold		Net
•	1	Publication Income	91,638			91,638
	2					0
	3					0
	4					0
	5				_	0
	6				<u> </u>	0
	7					0
,	8				_	0
	9					0
	10					0
	11			···-		0
	12				_	0
	13					0
	14					0
	15					0
	16				_	0
	17					0
	18				_	0
	19 20					0

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

	, = == (coo, popiosiation, popiosi				
"		8,703	0	8,703	o
		(A)	(B)	(C)	(D)
		Total	Program	Management	Fundraising
	Description		services	and general	
1		0	00111000	una generar	
2	Computers	2,625		2,625	
3	Furniture and Fixtures	651		651	
_4	Security System	434		434	
5	Leasehold Improvements	4,993		4,993	
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
_13		0			
14		Ō			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Part X, Line 4 (990) - Accounts Receivable

•		Accounts rec	eivable	Allowance for dou	btful accounts
•	Г	Beginning	End	Beginning	End
1	1 [475	20,801		
2	2				
3	3 [<u></u>		
4	4				
5	5				
6	6				
7	7		· · · · · · · · · · · · · · · · · · ·		
8	8				
9	9				
10	10				
11 Total accounts receivable .	11	475	20,801	0	(

Association of Community Employment Programs (ACE Programs) For The Homeless, Inc.

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Building	
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1 - (066)	
10b (990) - L	ŀ
and 10b (990) - L	
10a and 10b (990) - L	ŀ
Lines 10a and 10b (990) - L	ŀ

									44,325	35,130	43,833	0	9,195	2,116
				Leasehold			Check if	Check If		Beginning	Ending			•
				Improve-		•	Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
	Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	
-									44,325	35,130	43,833		9,195	
2				×						0				1,624
3									0	0			0	0
4									0	0			0	0
2									0	0			0	0
9									0	0			0	0
7									0	0			0	0
8									0	0			0	0
ര									0	0			0	0
10									0	0			0	0
-						•			0	0			0	0
12									0	0			0	0
13									0	0			0	0
14									0	0			0	0
15									0	0			0	0
16									0	0			0	0
17									0	0			0	0
18									0	0			0	0
19									0	0			0	0
20									0	0			0	0

<u>Par</u>	t X, Line 15 (990) - Other Assets	27,520	27,520
•	Description	Beginning	End
. 1	Accounts Receivable	1,067	1,067
2	Salary Advance	2,828	2,828
3	Security Deposit	23,625	23,625
4			
5			
6			
7			
8			
9_		•	
10			
11			
12			
13			
14			
15			
16			
17			• • • • • • • • • • • • • • • • • • • •
18			
19			
20			

Part X, Line 25	(990) - Other	Liabilities
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25,615 End Description Beginning 13,320 Due to Buhl Foundation 9,775 2 Due to SoHo Partnership, Inc. 2,682 Due to Tribeca Partnership 3 4 Due to SoHo -162 5 6 8 9 10 11 12 13 14 15 16 17 18 19 20